

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



May 4, 1989

ALL COUNTY LETTER NO. 89-38

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: AFDC NOTICE OF ACTION MESSAGES FOR IMPLEMENTATION OF
IRCA/SAVE

REFERENCE: ACL 88-131, ACIN I-09-89

Enclosed is AFDC Notice of Action (NOA) message language for use in implementing IRCA/SAVE. This is the message language that ACL 88-131 said would be issued in the near future. You may begin using this language immediately. Use of this language is mandatory after July 1, 1989.

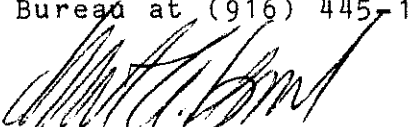
The message language is contained on the enclosed nine pages which are to be filed in your AFDC NOA Handbook. The following pages are enclosed:

M40-157A1	M41-440A1	M42-431A1
M40-157A2		M42-431A2
M40-157A3		M42-431A3
M40-157A4		M42-431A4

Appropriate instructions for use of the messages are included on each of the nine pages.

Translated versions will follow as soon as possible in the five standard languages.

If you have any questions about these NOA messages, please contact John Honeycutt of the AFDC and Food Stamp Policy Implementation Bureau at (916) 445-1131.


ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

State of California
Department of Social Services

Manual g. No.: M40-157A1
Action : Approve
Reason: Required Doc
Title: Incomplete Citizenship/
Alienage Doc

Auto ID No. :
Flow Chart No. :
Source : SAVE
Regulation Cite: M40-157.3, W&I Code Section 10554, IRCA, Section 121

Form No. : NA 200
Effective Date : 3/01/89
Revision Date :

MESSAGE: As of _____, the County has approved cash aid for some members of your family.

Your first day of cash aid is _____. Your first month's cash aid amount is \$_____.

This amount is based on the full monthly cash aid figured on this notice.

Aid has been denied for _____.

Here's why:

We needed a certification that this person was a citizen or alien. We asked that a form be completed or signed:

☐ CA 2 (Statement of Facts).

☐ CA 64 (Statement of Citizenship/Alien Status).

☐ Other:

You didn't do what we asked.

INSTRUCTIONS: Use to approve cash aid for a family when a member is ineligible for failure to sign or complete a declaration of citizenship/alien status (a CA 2, CA 64, etc.).

Check the appropriate box. If the last box is checked, adequately explain to the client why aid is being denied to the above named person(s).

Show the budget computation in the right hand column.

State of California
Department of Social Services

Manual g. No.: M40-157A2
Action : Change
Reason: Required Doc
Title: Incomplete Citizenship/
Alienage Doc
Form No. : NA 200
Effective Date : 3/01/89
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : SAVE
Regulation Cite: M40-157.3, W&I Code Section 10554, IRCA, Section 121

MESSAGE: As of _____, the County is changing your cash aid from
\$_____ to \$_____.

We're stopping cash aid for _____.

Here's why:

We needed a certification that this person was a citizen or alien. We
asked that a form be completed or signed:

- ☐ CA 2 (Statement of Facts).
- ☐ CA 64 (Statement of Citizenship/Alien Status).
- ☐ Other:

You didn't do what we asked.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use to change cash aid for a family when a member becomes
ineligible for failure to sign or complete a declaration of
citizenship/alien status (a CA 2, CA 64, etc.).

Check the appropriate box. If the last box is checked, adequately
explain why aid is being stopped for the person(s) named above.

Show the budget computation in the right hand column.

State of California
Department of Social Services

Manual Msg. No.: M40-157A3
Action: Deny
Reason: Required Doc
Title: Incomplete Citizenship/
Alienage Doc
Form No.: NA 290
Effective Date: 3/01/89
Revision Date:
Regulation Cite: M40-157.3, W&I Code Section 10554, IRCA, Section 121

Auto ID No.:
Flow Chart No.:
Source: SAVE

MESSAGE: The County has denied your application for cash aid dated _____.

Here's why:

We needed a certification that you and your family are citizens or aliens. We asked that a form be completed or signed:

- ☐ CA 2 (Statement of Facts).
- ☐ CA 64 (Statement of Citizenship/Alien Status).
- ☐ Other:

You didn't do what we asked.

INSTRUCTIONS: Use to deny cash aid to a family when they are ineligible for failure to sign or complete a declaration of citizenship/alien status (a CA 2, CA 64, etc.).

Check the appropriate box. If the last box is checked, adequately explain to the client why aid is being denied.

State of California
Department of Social Services

Manual g. No.: M40-157A4
Action : Disc
Reason: Required Doc
Title: Incomplete Citizenship/
Alienage Doc
Form No. : NA 290
Effective Date : 3/01/89
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : SAVE
Regulation Cite: M40-157.3, W&I Code Section 10554, IRCA, Section 121

MESSAGE: As of _____, the County is stopping your cash aid.

Here's why:

We needed a certification that you and your family are citizens or aliens. We asked that a form be completed or signed:

☐ CA 2 (Statement of Facts).

☐ CA 64 (Statement of Citizenship/Alien Status).

☐ Other:

You didn't do what we asked.

INSTRUCTIONS: Use to discontinue cash aid for a family when they become ineligible for failure to sign or complete a declaration of citizenship/alien status (a CA 2, CA 64, etc.).

Check the appropriate box. If the last box is checked, adequately explain to the client why aid is being stopped.

State of California
Department of Social Services

Manual g. No.: M41-440A1
Action : Approve
Reason: IRCA Alien
Title: State Only AFDC-U

Auto ID No. :
Flow Chart No. :
Source : SAVE
Regulation Cite: M41-607.1, M41-609.1, M41-609.2, W&I Code Section
10554, IRCA Section 121

Form No. : NA 200
Effective Date : 3/01/89
Revision Date :

MESSAGE: Since you are an amnesty alien, you can't get Federal cash aid which has no time limit until _____.

As of _____, the County has approved your short-term cash aid. The cash aid will be State-U (State AFDC Unemployed Parent Program).

Your first day of cash aid is _____. The amount of your cash aid for the first month is \$_____.

Here's why:

This amount is based on the full monthly cash aid figured on this notice.

A family can only get State-U for 3 months in any 12 month period. Your State-U cash aid will stop _____.

This is the only notice you will get telling you that your State-U cash aid will stop.

INSTRUCTIONS: Use this message when members of an amnesty alien family qualify for State-U. The family does not qualify for Federal cash aid.

Fill in the blanks as appropriate and specify the date that the amnesty family can apply for Federal cash aid.

Show the budget computation in the right hand column.

State of California.
Department of Social Services

Manual g. No.: M42-431A1
Action : Approve
Reason: Required Doc
Title: Not an Eligible Alien

Auto ID No. :
Flow Chart No. :
Source : SAVE
Regulation Cite: M42-431.2, M42-433.3, W&I Code Section 10554, IRCA,
Section 121
Form No. : NA 200
Effective Date : 3/01/89
Revision Date :

MESSAGE: As of _____, the County has approved cash aid for some members of your family.

Your first day of cash aid is _____. Your first month's cash aid amount is \$_____.

This amount is based on the full monthly cash aid figured on this notice.

Aid has been denied for _____.

Here's why:

- ☐ You didn't give us proof of this person's alien status. You need to:
- ☐ You gave us papers which weren't proof of this person's alien status. You need to:
- ☐ This person is an alien who can't be aided because:
- ☐ This person has temporary residence status. A person must have permanent residence status to be aided.
- ☐ Other:

INSTRUCTIONS: Use to approve cash aid for a family when a member is an ineligible alien, i.e., has questionable alien documentation, didn't provide alien documentation, is in temporary residence alien status, etc.

Check the appropriate box. If the 1st or 2nd box is checked, explain what documentation is required to prove alien status. If the 3rd box is checked, explain to the client why the person is an ineligible alien and what, if any, remedies are available. If the last box is checked, adequately explain to the client why aid is being denied to the above named person.

Explain the budget computation in the right hand column.

State of California
Department of Social Services

Manual msg. No.: M42-431A2
Action : Change
Reason: Required Doc
Title: Not an Eligible Alien

Auto ID No. :
Flow Chart No. :
Source : SAVE
Regulation Cite: M42-431.2, M42-433.3, W&I Code Section 10554, IRCA,
Section 121

Form No. : NA 200
Effective Date : 3/01/89
Revision Date :

MESSAGE: As of _____, the County is changing your cash aid from
\$_____ to \$_____.

Here's why:

We're stopping cash aid for _____.

☐ You gave us papers which weren't proof of this person's alien
status. You need to:

☐ This person is an alien who can't be aided because:

☐ Other:

INSTRUCTIONS: Use to change cash aid for a family when a member is an
ineligible alien, i.e., has questionable alien documentation, didn't
provide alien documentation, is in temporary residence status, etc.

Check the appropriate box. If the 1st box is checked, explain what
documentation is required to prove alien status. If the 2nd box is
checked, explain to the client why the person is an ineligible alien and
what, if any, remedies are available. If the last box is checked,
adequately explain to the client why aid is being denied to the above
named person.

Explain the budget computation in the right hand column.

State of California
Department of Social Services

Manual g. No.: M42-431A3
Action : Deny
Reason: Required Doc
Title: Not an Eligible Alien

Auto ID No. :
Flow Chart No. :
Source : SAVE
Regulation Cite: M42-431.2, M42-433.3, W&I Code Section 10554, IRCA,
Section 121

Form No. : NA 290
Effective Date : 3/01/89
Revision Date :

MESSAGE: The County has denied your application for cash aid dated
_____.

Here's why:

You and your family:

- ☐ didn't give us proof of your alien status. You need to:
- ☐ gave us papers which weren't proof of your alien status. You need to:
- ☐ are aliens who can't be aided because:
- ☐ have temporary residence status. You must have permanent residence status to be aided.
- ☐ Other:

INSTRUCTIONS: Use to deny cash aid for a family when members are ineligible aliens, i.e., have questionable alien documentation, didn't provide alien documentation, are in temporary residence alien status, etc.

Check the appropriate box. If the 1st or 2nd box is checked, explain what documentation is required to prove alien status. If the 3rd box is checked, explain to the client why they are ineligible aliens and what, if any, remedies are available. If the last box is checked, adequately explain to the client why aid is being denied.

State of California
Department of Social Services

Manual msg. No.: M42-431A4
Action : Disc
Reason: Required Doc
Title: Not an Eligible Alien

Auto ID No. :
Flow Chart No. :
Source : SAVE
Regulation Cite: M42-431.2, M42-433.3, W&I Code Section 10554, IRCA,
Section 121

Form No. : NA 290
Effective Date : 3/01/89
Revision Date :

MESSAGE: As of _____, the County is stopping your cash aid.

Here's why:

You and your family:

☐ gave us papers which weren't proof of your alien status. You need to:

☐ are aliens who can't be aided because:

☐ Other:

INSTRUCTIONS: Use to discontinue cash aid for a family when they are ineligible aliens, i.e., have questionable alien documentation, didn't provide alien documentation, are in temporary residence alien status, etc.

Check the appropriate box. If the 1st box is checked, explain what documentation is required to prove alien status. If the 2nd box is checked, explain to the client why they are ineligible aliens and what, if any, remedies are available. If the last box is checked, adequately explain to the client why aid is being discontinued.